

Health Maintenance Organizations

1998 Benefit Summary For:

Basic, Supplement to Medicare & Managed Medicare Plans



The benefits, copayments, & limits shown are standard for all the HMO plans listed below.	CalPERS HMO Basic Benefit Summary																	
	Hospital		Physician Services										Diagnostic X-Ray/Lab	Prescription Drugs		Durable Medical Equip.	Infertility Testing & Treatment	Ambulance
	Inpatient	Outpatient	Office Visits	Allergy Testing/ Treatment	Hearing Exam/ Screening	Immunization/ Inoculation	Gynecological Exam	Periodic Health Exam	Well Baby Care	Inpatient Hospital Visits	Surgery/ Anesthesia	Vision Exam (refraction)	Outpatient	Pharmacy	Mail Order Program			
HMO Plans																		
Aetna U.S. Healthcare Blue Shield Access+ HMO CIGNA★ Health Net★ Health Plan Of The Redwoods★ Kaiser★ Lifeguard★ Maxicare★ National HMO★ OMNI Healthcare, Inc.★ PacifiCare★	No Charge Room & board & all medically necessary services, including general nursing services, maternity services, operating & special care room fees, diagnostic X-ray, & laboratory services.	No Charge Surgical room fee, radiation, chemo-therapy treatment, & renal dialysis.	\$5/visit	\$5/visit	\$5/visit	\$5/visit	\$5/visit	\$5/visit	\$5/visit	No Charge	No Charge	\$10/visit Provided by all plans for age 17 & under. Varies by plan for age 18 & over & is limited to one visit per year. ¹	No Charge Outpatient diagnostic X-ray & laboratory service.	\$5/prescription Up to 30-34-day supply for short-term or acute illnesses. Medically necessary drugs prescribed by a physician, including insulin, injectable medications, needles, & syringes necessary for the administration of the covered medication, blood glucose testing strips, & diabetic lancets.	\$5/ prescription 90-day supply for drugs taken over long periods of time (maintenance drugs). ² Some of the plans offer a mail order service. Refer to the plan's Evidence Of Coverage booklet for more details.	No Charge Including orthotics & prosthetics.	50% Of Charges Professional, hospital, ambulatory surgery center, ancillary services, & drugs administered to diagnose & treat infertility.	No Charge Air or ground ambulance when medically necessary.
Emergency Services	Mental Health		Substance Abuse		Home Health Services		Physical/ Occupational/ Speech Therapy		Skilled Nursing Care		Hospice	Acupuncture	Chiropractic	Blood & Blood Product:	Hearing Aid Services			
	Inpatient	Outpatient	Inpatient	Outpatient											Audiological Exam	Hearing Aid		
Copayments vary by plan ³ , Waived if hospitalized. Emergency care for alleviation of sudden, serious, & unexpected illness, injury, or condition requiring immediate diagnosis & treatment.	No Charge Up to 30 days per calendar year. Treatment of an acute phase of a mental health condition during a certified confinement in a participating hospital.	\$20/visit Up to 20 visits per calendar year. Evaluation, crisis intervention, & treatment for conditions which are subject to significant improvement through relatively short-term therapy.	No Charge Hospitalization as medically appropriate to remove toxic substances from the system.	\$5/visit Up to 20 visits per calendar year. Evaluation, crisis intervention, & treatment for conditions which are subject to significant improvement through relatively short-term therapy.	No Charge Health services provided in the home by health care personnel. Custodial care not covered. See copayments and limitations for Physical/ Occupational/ Speech Therapy provided in the home.	No charge for inpatient visits at a hospital or skilled nursing facility. \$5/visit for outpatient & home visits. Limited to short-term therapy for a period not exceeding 60 consecutive calendar days per condition following the date of the first therapy session. Applies to each therapy. Long-term rehabilitation is not covered.	No Charge Up to 100 days per calendar year. Services provided in a licensed skilled nursing facility when medically necessary. Custodial care not covered.	No Charge	Not Covered	\$5/visit ⁴ Up to 20 visits per calendar year.	No Charge	No Charge	\$1,000 maximum. Every 36 months.					

Footnotes

Important:
This is only a brief summary. You should carefully review the plan's Evidence Of Coverage booklet for more details on these benefits. In case of conflict between this chart and your plan's Evidence Of Coverage, the Evidence Of Coverage booklet determines the benefits that will be provided.

Plan Service Area
To determine what plans are available to you, refer to the Health Plan Service Area chart in your Health Plan Decision Guide.

Note:
These health plans require services to be preapproved and/or obtained from specified doctors, hospitals, pharmacies, and other health care providers who contract with the plan. Refer to the plan's Evidence Of Coverage booklet for further information.

★ **Arbitration**
Enrollment in this plan constitutes an agreement to have certain claims or controversy decided by neutral arbitration and member waives right to jury or court trial.

¹ Refraction for age 18 and over offered by Aetna U.S. Healthcare, Blue Shield Access+ HMO, CIGNA, Health Net, Kaiser Foundation Health Plan, Maxicare, OMNI, & PacifiCare.

² Kaiser Foundation Health Plan offers up to a 100-day supply.

³ **Emergency Services Copayments**
Kaiser Foundation Health Plan.\$5
Aetna U.S. Healthcare, Blue Shield Access+ HMO, Health Plan of the Redwoods & Maxicare \$25
Health Net, PacifiCare\$35
CIGNA, National HMO (\$25 - urgent care centers), Lifeguard, OMNI (\$30 - urgent care centers) \$50

⁴ Chiropractic services offered by CIGNA, Health Net, Health Plan Of The Redwoods, Kaiser Foundation Health Plan, Maxicare, National HMO, OMNI, and PacifiCare only.

To review the Benefit Summaries, pull the charts completely out of the center of the booklet.

NOTE:
CalPERS HMO Supplement to Medicare & Managed Medicare benefits are shown on reverse.

The benefits, copayments, & limits shown are standard for all the HMO plans listed below.

The benefits, copayments, & limits shown are standard for all the HMO plans listed below.	CalPERS HMO Supplement To Medicare & Managed Medicare Benefit Summary														
	Hospital•		Physician Services								Diagnostic X-Ray/Lab	Prescription Drugs		Durable Medical Equip.•	Ambulance•
	Inpatient	Outpatient	Office & Visits (includes home & hospital)	Allergy Testing/ Treatment•	Hearing Exam/ Screening•	Immunization/ Inoculations	Gynecological Exam (Pap smear & breast exam)	Periodic Health Exam	Surgery/ Anesthesia•	Vision Exam (refraction)	Outpatient	Pharmacy	Mail Order Program		
Supplement To Medicare Plans															
Blue Shield Access+ HMO Health Plan Of The Redwoods★ Lifeguard★ Maxicare★ National HMO★ OMNI Healthcare, Inc.★	No Charge	No Charge	No Charge Including Consultations.	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	Varies¹ Medically necessary drugs prescribed by a physician including insulin, injectable medications, needles, & syringes necessary for the administration of the covered medication, blood glucose testing strips, & diabetic lancets. (Up to 30 to 34 day supply for short-term or acute illnesses.)	Varies¹ Some plans offer maintenance drugs either through mail order &/or provider pharmacies. Refer to the plan's Evidence Of Coverage booklet for more details. (90 to 100 day supply.)	No Charge	No Charge
Managed Medicare Plans+															
Aetna U.S. Healthcare+ CIGNA HealthCare Of California★★ Health Net★★ Kaiser★★ PacifiCare★★	No Charge	No Charge	No Charge Including Consultations.	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	\$1 Medically necessary drugs prescribed by a physician including insulin, injectable medications, needles, and syringes necessary for the administration of the covered medication, blood glucose testing strips, and diabetic lancets. (Up to 30 to 34 day supply for short-term or acute illnesses.)	\$1 Some plans offer maintenance drugs either through mail order and/or provider pharmacies. Refer to the plan's Evidence Of Coverage booklet for more details. (90 to 100 day supply.)	No Charge	No Charge

	Emergency Services*	Mental Health*		Substance Abuse*		Home Health Services*	Physical/ Occupational/ Speech Therapy*	Skilled Nursing Care*	Hospice*	Acupuncture	Biofeedback*	Blood & Blood Products	Chiropractic	Vision Care		Hearing Aid Services	
		Inpatient	Outpatient	Inpatient	Outpatient									Eye Refraction	Eye Glasses	Audiological Exam	Hearing Aid
Supplement To Medicare Plans																	
Blue Shield Access+ HMO Health Plan Of The Redwoods★ Lifeguard★ Maxicare★ National HMO★ OMNI Healthcare, Inc.★	No Charge In-Area & Out-Of-Area.	No Charge ²	No Charge For 20 visits per year. ³	No Charge	No Charge For 20 visits per year. ³	No Charge Custodial care not covered.	No Charge	No Charge 100 days per Medicare benefit period. Custodial care not covered.	No Charge	Not Covered	No Charge	No Charge Includes collection & storage of autologous blood.	\$5/visit Up to 20 visits per year. ⁴	Varies ⁵ Determines need for lenses (limited to one exam per year.)	Varies ⁶ (Benefit beyond Medicare coverage.)	No Charge	\$1,000 maximum Every 36 months.
Managed Medicare Plans+																	
Aetna U.S. Healthcare+ CIGNA HealthCare Of California★+ Health Net★+ Kaiser★+ PacifiCare★+	No Charge In-Area & Out-Of-Area.	No Charge ²	No Charge For 20 visits per year. ³	No Charge	No Charge For 20 visits per year. ³	No Charge Custodial care not covered.	No Charge	No Charge 100 days per Medicare benefit period. Custodial care not covered.	No Charge	Not Covered	No Charge	No Charge Includes collection & storage of autologous blood.	\$5/visit Up to 20 visits per year. ⁴	No Charge ⁵ Determines need for lenses (limited to one exam per year.)	No Charge ⁶ (Benefit beyond Medicare coverage.)	No Charge	\$1,000 maximum Every 36 months.

Footnotes

+Note: Managed Medicare health plans contain a “lock-in” provision which requires you to obtain ALL medical care and services through the plan’s participating provider network in order to receive Medicare benefits. Except for qualifying emergency services, urgently needed care while traveling outside the plan’s service area, and authorized referrals, you will be responsible for the entire bill if you receive services from nonplan providers. Please refer to the Health Plan Decision Guide or Evidence Of Coverage booklet for further details.

2For Supplement To Medicare plans - there is a maximum of 190 days of Medicare lifetime coverage.
For Managed Medicare Plans - there is a minimum of 30 additional days per year after 190 days of Medicare lifetime coverage is exhausted.

³Supplement To Medicare plans - See Evidence Of Coverage booklet for copayments for additional visits.
Managed Medicare Plans - \$5 copayment for additional visits.

Important: This is only a brief summary. You should carefully review the plan's Evidence Of Coverage booklet for more details on these benefits. In case of conflict between this chart and your plan's Evidence Of Coverage, the Evidence Of Coverage booklet determines the benefits that will be provided.

*Offered by Aetna U.S. Healthcare, CIGNA, Health Net, Health Plan Of The Redwoods, Kaiser Foundation Health Plan, Maxicare, National HMO, OMNI, & PacifiCare only.

*Offered by the following Supplement To Medicare Plans:	
Blue Shield Access+ HMO	\$10/exam
Lifeguard	\$0/exam
Maxicare	\$4/exam
National HMO	\$10/exam
OMNI	\$4/exam
All Managed Medicare plans provide one eye exam per year at no charge.	

Plan Service Area
To determine what plans are available to you, refer to the Health Plan Service Area chart in your Health Plan Decision Guide.

Note:
These health plans require services to be preapproved and/or obtained from specified doctors, hospitals, pharmacies, and other health care providers who contract with the plan. Refer to the plan's Evidence Of Coverage booklet for further information.

⁶Offered by Lifeguard Supplement To Medicare plan only.

All Managed Medicare plans provide the eye glass benefit beyond Medicare coverage. See Evidence Of Coverage booklet for details on plan and nonplan provider benefits.

★ Arbitration:
Enrollment in this plan constitutes an agreement to have certain claims or controversy decided by neutral arbitration and member waives right to jury or court trial.

- Medical services must be Medicare approved.

¹Prescription Drugs		
Supplement To Medicare Plans	30-34 day supply copayment	Maintenance Drugs: 90-100 day supply copayment
Maxicare	\$3	\$3
Blue Shield Access+ HMO	\$4	\$4
Health Plan Of The Redwoods	\$4	\$4
Lifeguard	\$4	\$4
OMNI, National HMO	\$5	\$5

NOTE:
CalPERS HMO Basic benefits
are shown on reverse.